MARGIN RESERVED FOR BINDING

item of infor-	should state	of OCCUPA-	\
RECORD. Every	. PHYSICIANS	Exact statement	
S A PERMANENT	tated EXACTLY.	roperly classified.	rtificate.
BAWITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
B. WITE PI	mation shou	CAUSE OF	TION is ver

STATE C	OF MARYLAND—	CERTIFICATE OF DEATH	0.1588
1. PLACE OF DEATH		210.9	0.0400-00
County Menny	A A	Registration Dist. No.	3.33
Village or City Salish	my 19 9. 1971 Do	Me! Strellistle Arta 4, St death occurred in a horpital or institution, give its NAME instead of street	
Length of residence in city or town where	death occurred O Zyrsmos	ds. How long in U.S. if of foreign birth?yrs.	mosds.
2. FULL NAME Syland	etu adser	me: /// &	. 0
(a) Residence: No. / P. F.	O. ## 3 (Usual place of abode)	St., 5 Ward. Saleshy 11. If nonresident give city or tow	n and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	ТН
3. SEX 4. COLOR OR RACE	5. SINGLE MARRIED, WIDOWED OR DIVORCED (write the word)	21. DATE OF DEATH april. 20	193 5
5a. If married, widowed, or divorced	1 110000	(Month) (Dey)	(Yeer)
5a. If married, widowed, or divorced HUSBAND of (er) WIFE of	E. adkin	22. I HEREBY CERTIFY, That I atte	
6. DATE OF BIRTH (month, dey, and year)	nknom 1883	i last saw h alive on, 19	,
7. AGE Years Months	Days If LESS then	to heve occurred on the dete steted ebove, atm.	
52	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:	A STATE OF THE PARTY OF THE PAR
8. Trade, profossion, or perticufar kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Flamme	blied an a reget of an	Date of onset
9. Industry or business in which		and and and	
work wes done, as SILK MILL, SAW MILL, BANK, etc	ρ	and the contract of	1. 4
10. Date deceased lest worked et this occupation month and year)	19 11. Totel time tyeers,	Herrison Burney highman	mt
The second	200 occupeling	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town)	markers		
	1/07/		
13. NAME The Co	ar years		
14. BIRTHPLACE (city or town)	ngo.	Name of operation	of
C Phanel	To Maria		e an au'opsy?_ha
15. MAIDEN NAME CALLETT	e wans.	23. If deeth was due to external causes (VIOLENCE) fill in also the following	111
16. BIRTHPLACE (city or town)	ngo:	Accident, suicide, or homicide?	1
(Stere of county)	odle.	Where did Injury occur? Wassersan Lucusty - Ym (Specify city or town, chunty an	id Stafe)
17. INFORMANT	Carried States	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	- 1
(Address) + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +	00 1931	Publish Highway - Salishing - mt	. Herman
Place Tethe Church	Mate and Cycle 3435	Neture of injury Should worked meters	ay car
Hallon	+ B		Y
19. UNDERTAKER (Address) Jahrhy	maryland	24. Was diseese or injury in any way related to occupetion of deceese	01
20. FILED. 4 23,19 33/1 W	May Juner Registrar.	(Signed) 9: 74 white Curry	Land 1.0.
If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIA	N
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A-te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor state UPA	1. PLACE OF DEATH	
ould occ	County Miconics	Registration Dist. No. 332
item of should of OCC	Village or City Mar Parsanslung Coutse	St, Ward
= 0	Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)  de How long in U.S. if of foreign birth? yrs. mos. ds.
Every CIANS ement	2. FULL NAME Infant Blake	Malel Blake Or)
	(a) Residence: No. Thy. Parsonsburg, low	Ward.
HYSI stat	(Usual place of abode)	If nonresident give city or town and State
P. P.H. Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E X	3. SEX 4. COLOR OR RACE OR DIVORCED (word the word)	21. DATE OF DEATH Spril. 22 193 5. (Month) (Day) (Year)
A C T I assified.	5a. If married, widowed, or divorced HUSBAND of	2
M.A. A. ass	(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
ERM EX. r cla	6. DATE OF BIRTH (month, day, and year) 4/22 - 1435	I last saw h alive on, 19; death is said
od ed erly icat	7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, atm.
IS A PE stated E properly certificate.	1 day, Qhrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
he s be p of ce	8. Trade, profession, or particular kind of work done, as SPINNER,	
	A. Industry or business in which	
NK-T should it may n back	SAW MILL, BANK, etc.	Junacul Juan
o t a	10. Data deceased last worked at this occupation (month and year) spent in this occupation	Stellborn
NFADING I.	Parama Para	Other Contributory Causes of Importance:
ADIN d. A s, se t	12. BIRTHPLACE (city or town) (State or country)	
UNFA pplied terms, instr	13. NAME Halble Blake	
DHA	13. NAME Halfy Islake  14. BIRTHPLACE (city or town) Weld  (State or country)	Name of operation Date of
E -= 00	(State of country)	What test confirmed diagnosis? Was there an autopsy?
WITI efully in pla	15. MAIDEN NAME Wande Dutton  16. BIRTHPLACE (city or town) Parameters	23. If death was due to external causes (VIOLENCE) fill in also the following:
1		Accident, suicide, or homicide? Date of injury, 19
be EA7	(State or country)	Where did injury occur? (Specify city or town, county and State)
PLANTLY, hould be can OF DEATH very import	17. INFORMANT CALLY PERSONNELLE AND MICH.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
on sl SE SE N is	Place Slass Aul Date 4/23 , 1935	Nature of Injury
-WRITE mation s CAUSE TION is	19 UNDERTAKER Wan Howard Wells	24. Was disease or Injury In any way related to occupation of deceased?.
8 2 2	(Address) Patraille Wol	If so, specify
ż	20. FILED Upr. 23, 1935. Lillian N. Dave	(Signed) Lellean II. Laver March
	If more blanks are needed addressed to Projection	(Address) & Valletinda
	Termission bes D	2416 N. Charles Street, Baltimore, Requesting V. S. No. word Registrar

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Example 1		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEAT should statement RECORD. (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) ung(x 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of I last saw here ative on. 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Months proper Years Days If LESS than 1 day, \_\_h \_\_\_ hrs. or \_\_\_ min. 8. Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Pe Jo OCCUPAT may back Industry or business in which should work was done, as SILK MILL SAW MILL, BANK, etc .... no 103 Date deceased last worked at II. Total time (years) spant in this this occupation (month and that occupation ... instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) plai (State or country) What test confirmed diagnosis? efull MOTHER important. Accident, suicide, or homicide?\_\_\_ 16. BIRTHPLACE (city or town) (State or country) pe Where did injury occur?\_\_\_ DEA hould very 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury SE mation TION Nature of Injury 24. Was disease or in S. No. (Address) Z Registrar. (Address)

Registration Dist. No. ath occurred in a hospital or institution, give its NAME instead of street and number How long in U.S. if of foreign birth? If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Month) (Day) (Year) 1 HEREBY CERTIFY, That I attended deceased from to have occurred on the date stated above, at ..... The PRINCIPAL CAUSE OF DEATH and related causes of Importance Date of onset Other Contributory Causes of importance 23. If death was due to external causes (VIOLENCE) fill in also the following (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

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Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

T (S.No)1

STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Recarded	Registration Dist. No. 3 3.4
Village or City	No. St 17 Ward
n A (If	death occurred in a horpital or institution, give its NAME instead of street and number)
in him h	ds How long in U.S. If of foreign birth? yrs ds.
2. FULL NAME	Marie
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. ff married, widowed, or divorced HUSBAND of (or) WIFE of	22. May 24,1935, to White 1935
6. DATE OF BIRTH (month, day, and year)	I last saw h allva on 19 34 death is said
7. AGE Yaars Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above at
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	tirefiel Humana 36.1/2
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spant in this	114/3
12. BIRTHPLACE (city or town) 444 (State or country)	Other Contributory Causes of typortance:
13. NAME 1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	arlun Schint
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Nama of oparation Data of Was there an autopsy?
15. MAIDEN NAME TOWNER CI. Ready	23. If daath was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicide?
17. INFORMANT (Address)	Spacify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place	Manner of injury
19. UNDERTAKER The think the second of the s	24. Was disaase or injury in any way related to occupation of decaased?
20. FILED, 19-3 Registrar.  If move blanks are needed address State Paristrar.	(Address) (Addre

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ADDITIONAL S	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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GUPEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	14-
STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	100
County Willmurg	Registration Dist. No.
Village or City Aulisbury	ND. A. Haskital St., B. Ward death occurred in a horbital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrs mos ds.
2. FULL NAME	111
(a) Residence: No. Analy of word one (Usual place of abode)	elest. Fand Ward.  If honresident give city or town and State.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Whate  Whate	21. DATE OF DEATH  April 12 193 5  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) will 9th 493	l last saw han alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et_/_/Da_m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	were as follows:  Date of one of  Date of one
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Allis Stury (State or country)	Other Contributory Canses of importance:
I 13. NAME & arold Prausey	
14. BIRTHPLACE (city or town) Willy Jayen (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Iris Collins	23. If death was due to externat causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Hanking (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT & Argula Chausey (Address) Alestrona Ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place It ansietable of the Date april 14, 1935	Manner of injury
11 0011 . 1 1	Nature of injury.
19. UNDERTAKER Of ME WASHER FORMS (Address) Bivale Me	24. Was disease or injury in any way related to occupation of deceased?
20. FILED JAN 12, 1933 &t. May Junes	(Signed) Address See Line Lawrence Land

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-WHITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. JARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	· (23)
County Malornilo	Registration Dist. No.
Village or City Salishing MG	No.5/1. & Church St., 5 Ward
Length of residence in gity or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
91	
2. FULL NAME This I from as Co	Sold I made
(a) Residence: No./3 // . E. (Usual place of abode)	St., Ward Caching
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word)	21. DATE OF DEATH CALL 28 4
Male White Single	(Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
fo 2: 1003	Copin 27, 1955 to Grant 28, 1955
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw handlive on alive on 1935; death is said
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, at
V &   &   ormin,	were asfollows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	municing unaccasions leading
9. Industry or business in which work was done, as SILK MILL Slave Agracus	
SAW MILL, BANK, etc	
Horrest Pour throng Japan 26	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)  Mayland.	Julianisay declini
II 13. NAME John J. Congler	
14. BIRTHPLACE (city or town) Chin Cottag	Neme of operation Date of
(State of Country)	What test confirmed diagnosis? Chamilton Was there an aulopsy? 25
15. MAIDEN NAME Mary J. Mulinford.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) / Man fyron It	Date of injury, 19
E (State or country) Mainland.	Where did injury occur?
17. INFORMAN M. Chiny about Harden	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place tarens and Date Cypin 2635	Nature of injury
19. UNDERTAKER Italy on a Lal	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) Lawing Markand,	If so, specify
20. FILED YM 30, 19 BB- & May June Registrar.	(Signed) Address) And Address
the state of the s	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Fan advanad Perdition ! died	shouth allie	I wan o	ham		
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19. UNDERTAKER

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STATE OF MARYLAND—CERTIFICATE OF DEATH state infor-OCCUPA 1. PLACE OF DEATH should Registration Dist. No. County item JO (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U. S. If of foraign birth?\_\_\_\_\_ yrs. \_\_\_\_\_mos.\_\_\_ statement (a) Residence: No. (Usual place of abode) If nonresident give city or town and State P. P. C. Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT EXACTL (Month) classified 5e. If merried, widowed, or divorced HUSBAND of 22. (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months Days If LESS then to have occurred on the dete steted above, at stated 1 dey, \_\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance or\_\_\_\_min. were as follows 8, Trede, profassion, or perticular THIS OCCUPATION be kind of work done, as SPINNER, be Jo SAWYER, BOOKKEEPER, etc .... may back 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc. Deta deceased lest worked et no 11. Total tima (years) this occupation (month end spent in this that occupation ... instructions Othar Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) supplied. terms, FATHER 13. NAME See Name of operation .... 14. BIRTHPLACE (city or town) plain (Stete or country) should be carefully What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME in Accident, suicide, or homicide?\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (State or country) Whare did injury occur?. very 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE 12 CAUSE mation MILL Me Date LION Natura of injury

Was thara en autopsy?. 23. If death wes due to external causes (VIOLENCE) fill In also the following: (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 24. Was diseasa or injury in any way releted to occupetion of deceesed? If so, spacify (Signed) (Address' Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Sweet, Baltimore, Requesting V. S. No. 1.

Thet I ettended deceased from

Date of onset

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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RESERVED	
MARGIN	

STATE OF M	IARYLAND-	CERTIFICATE OF DEATH	03598
1. PLACE OF DEATH		<u> </u>	4 4 4
County Wix auce 3.		Registration Dist. No.	303
Village or City Survey	y Uld.	Molly Deil. H	SHO 13 Ward
Length of residence in city or town where death occur		death occurred in a horpital or institution, give its NAME instead o	
Still bound D. G	2 2 2 2	)	0505.
2. FULL NAME			
(a) Residence: No. (Us	ual place of above)	Sign Ward.  If nonresident give city of	or town and State
PERSONAL AND STATISTICAL F	PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
	LE, MARRIED, WIDOWED, IVORCED (write the word)	21. DATE OF DEATH	- 6-
	mg e	(Month) (Day	
5a. If married, widowed, or divorced HUSBAND of		22. / I HEREBY CERTIFY, That	Lattended desented from
(or) WIFE ot		H/1 1980 to H-	1923
6. DATE OF BIRTH (month, day, and year)	v 1, 1933	I last saw b alive on	, 19; death is said
7. AGE Years Months D	ays If LESS than	to have occurred on the date stated above, atm.	
0 0	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of impowere as follows:	rtance Date of onset
8. Trade, profession, or particular Kind of work done, as SPINNER,	there.		Date of onset
SAWYER, BOOKKEEPER, etc. LUCALA	is on Stole	Att I mm	
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	as labore		
0 10. Date deceased last worked at a 1	l. Total time (years) spent in this		
this occupation (month and how how)	occupation	Other Coutributery Causes of importance:	-40044-0-0
12. BIRTHPLACE (city or town) ucl.		Other Courses of Importance.	
(State or country)	0.		
13. NAME DEVELOPED TO AN 14. BIRTHPLACE (city or town)	glere.	.9	
14. BIRTHPLACE (city or town)		Name of operation	Date of
Clare Country)	2 " 0	What test confirmed diagnosis?Wa	is there an autopsy?
15. MAIDEN NAME COLL OF 16. BIRTHPLACE (city or town)	and.	23. If death was due to external causes (VIOLENCE) fill in also t	
O 16. BIRTHPLACE (city or town)  (State or country)		Accident, suicide, or homicide? Date of inj	Jury
17 INFORMANT Andrews Das	0 .00	Where did injury occur? (Specify city or lown, cou	inty and State)
17. INFORMANT WATCH OF A	nuce	Specify whether injury occurred in INDUSTRY, in HOME, or in	PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1 2 1	Manner of injury	
Place Oriole Ind Date (	Spril 9ths 35	Nature of injury	
19. UNDERTAKER Dale Dashie	le.	24. Was disease or injury in any way related to occupation of de	eceased?
(Address) Princess Can	re md	If so, specity	
20. FILED Ry 2 8 19 33 4. 1	ray I uner	(Signed)	M. D.
	Registrat.	(Address)	7
If more blanks are	needed, address State Registrat,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH pluods County Illie Registration Dist. No. Village or City\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number) S ds. How long In U.S. if of foreign birth? yrs. Length of residence in city or town where death occurred statement PHYSICIAN (a) Residence: No. / ORD If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH-3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Year) classified. a. If merried, widowed, or divorced HUSBAND of 22. (or) WIFE of × H 6. DATE OF BIRTH (month, day, end yeer) certificate. If LESS than to have occurred on the date stated above, et Months 0eys stated ntrank 1 dey. The PRINCIPAL CAUSE OF DEATH and related causes of importance or \_\_\_ min. were as follows 2 Date of onset Trede, profession, or perticular kind of work done, es SPINNER, RESERVED be Jo SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which should work wes done, es SILK MILL SAW MILL, BANK, etc., no 10. Oate deceesed lest worked at 11. Totel time (years) this occupetion (month end spent in this AGE occupetion instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) terms. FATHER 13. NAME 14. BIRTHPLACE (city or town) in plain (State or country) Wes there an eulopsy? What test confirmed diegnosis?. carefully OTHER 15. MAIDEN NAME Man important. 23. If death was due to external causes (VIOLENCE) fill in elso the following 16. BIRTHPLACE (city or town DEATH (State or country Where did injury occur?\_\_\_ pe (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnods very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury WRITE AUSE Oete Chil mation Neture of injury TION 24. Wes diseese or injury in eny wey related to occupetion of deceesed? 19. UNDERTAKER (Address) If so, specify M (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Gallstones	May 1,1923	Gastroenterilis	1 year	

	ry item of infor-	4S should state	nt of OCCUPA.	\
•	RECORD. Ever	7. PHYSICIAN	Exact statemer	
OR BINDING	S A PERMANENT	tated EXACTLY	roperly classified.	wifecato
MARGIN RESERVED FOR BINDING	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	N is vary important San instructions on hash of contifficate
	RITE PLAINLY, WITH	ion should be carefully s	JSE OF DEATH in plain	N ic vory important Co

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-2
County bus ones	Registration Dist. No. 333
Village or City 10, alle	No. A. A. H. St. C. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrs,mosds.
2. FULL NAME / /X. Xluc	2,
(a) Residence: No. Prustand G. 1. D.#	/ St., / ( Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	URUS 17 1935.
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
	, 19, to, 19,
6. DATE OF BIRTH (month, day, end yeer) Much 9, 1889,	I last saw h; death Is said
7. AGE Years Months Days / If LESS than	to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, Yaurel	North dead while all
9. Industry or business in which work was done, as SILK MILL.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this covariation (month and	unto:
10. Date deceased last worked at this occupation (month end 4/17/34 spent in this occupation from the deceased last worked at the deceased last worked last worked at the deceased last worked last worked at the deceased last worked last worke	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importence:
(State or country) Mulle a 4	Masa News
13. NAME (1.24 Danish	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME TRACKED Kelly	23. If death was due to external causes (VIOLENCE) fill in also the tollowing:
15. MAIDEN NAME / MAKE A COLLY  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
State or country) / Many land	Where did injury occur?
17. INFORMANT (1.21. Sami)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) March 12 K. 1.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Har Tour M. Date 9 19 19	Nature of injury
to Willy When I (	24. Was diseese ordajury in eny way related to occupation of deceased?
19. UNDERTAKER 124 / CAN A LANGE CO. (Address)	It so, specify
and 19 33 V2 720 01	(Signed) M.D.
20. FILED 11., 19 S. May Jumen.	(Address) India

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-nacion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH  COUNTY SINGLE OF DEATH  COUNTY SINGLE OF CITY SINGLE OF COUNTY SINGLE OF		STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City  Village or City  Length of residence in city or town where death occurred  Length of residence in city or town where death occurred  2. FULL NAME  (a) Residence: No. / 3/2		1. PLACE OF DEATH	(210-m) h 1 h
Village of trisidence in city or town where death occurred		County McComiles	Registration Dist. No. 2211
2. FULL NAME  (a) Residence: No. J.	1	Vinage of City (If	
(a) Residence: No. 1	1	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?mosds.
PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  3. SEX  1. 6. DOLOR, FOR RACE  S. SINGLE MARRIED, WIDOWED, OR DUYONCED (weight he word)  5s. It married, widowed, or divorced  120. DATE OF DEATH  190. 190. 190. 190. 190. 190. 190. 190.		2. FULL NAME Thus My Wyker	
3. SEX  4. GOLOR OR RACE  S. SINCLE MARRIED, WIDOWED, OR BUYDRED (emyle the world)  5. If married, widowed, or divorced  (Month)  (Day)  (Year)  22. I HEREBY CERTIFY. That I attended deceased from 19. to. 1			
OR DIVORCED (waight the word)  So. If married, widowed, or divorced Hospital Society of the word)  So. But and the state of the state o		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
B. Trade, profession, or particular windowed, or divorced Hose Services of Corp. Wife			agent. 20 th, 1935
E. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months:  Days  HLESS than  1 day hrs.  or min.  8. Trade, profession, or particular kind of work done, as SPINNER,  1 day hrs.  Or min.  2 day hrs.  Or min.  1 day hrs.  Or min.  Other Cestributery Causes of import		5a. If married, widowed, or divorced	(month) (bay) (feat)
5. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  ITLESS than  1 day,, hrs  or min.  8. Trade, profession, or particular kind of work done as SPIKNRR, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done as SPIKNRR, SAWWILL, BANK, etc.  9. Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc.  112. BIRTHPLACE (city or town) (State or country)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  16. BIRTHPLACE (city or town)  17. INFORMANT (Address)  18. BURIAL, CREMATION OR REMOVER Place  19. UNDERTAKER  19. Industry of the date stated above, at /2 min.  19. indeath is said to have country of the date stated above, at /2 min.  10. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Other Country  Other Countributery Causes of importance:  What test confirmed diagnosis?  Was there an autopsy?  Was there and autopsy?  Was there and autopsy?  Was there are autopsy?  Was t		HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
7. AGE Years Months Days If LESS than I day,hrs. or		1012	. , , , , , , , , , , , , , , , , , , ,
Name of operation.  12. BIRTHPLACE (city or town)  (State or country)  (State or count	te.	6. DATE OF BIRTH (Month, day, and year)	I last saw h; death is said
Name of operation.  12. BIRTHPLACE (city or town)  (State or country)  (State or count	fica		
Name of operation.  12. BIRTHPLACE (city or town)  (State or country)  (State or count	erti	2 / .   7   /5   or min.	were as follows:
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work was done, as SILK MILL.  SAW MILL, BANK, etc.  11. Total time (years) spent in this cognetion (mort) and spent in this spent in this cognetion.  12. BIRTHPLACE (city or town) (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  17. INFORMANT  17. INFORMANT  18. BURIAL, CREPATION, OR REMOVAL Place  19. UNDERTAKER  19. UNDERTAK			/
Description of the contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CBERATION, OR REMOVAL Place  19. UNDERTAKER  19. UNDERTAKER	ack	work was done as SILK MILL, Sheet Fraylors	
THE TOTAL CONTROL MANUAL CONTROL CONTR		U 10. Date daceased last worked at 11. Total time (years)	
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAN  Place  Place  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)		this occupations montrand / / spent in this / / - spent in this / / -	
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Name of operation  Date of  What test confirmed diagnosis?  Was there an autopsy?  Was there an autopsy?  Where did injury occur?  In Informant  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. UNDERTAKER  (Address)  10. In Information  Date of  What test confirmed diagnosis?  Was there an autopsy?  Where did injury occur?  Manner of iajury  Nature of injury in any way related to occupation of deceased?  If so, specify  (Signed)  La Radundur  M. D.  Registrar.  (Address)	strı	0 1 1 0 1 0 1 0 1	
What test confirmed diagnosis? Was there an au'opsy?  Accident, suicide, or homicide? Acciden		II 13. NAME MAGRICULA / . W cypus	
What test confirmed diagnosis? Was there an autopsy?  Was there an autopsy and success of the following:  Accident, suicide, or homicide?  Specify or hown, county and State)  Specify whether injury occur?  I Autopsy and I	see	4 14, BIRTHPLACE (city or town)	Name of operation
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17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAN.  Place All Place And Plac	npc	S (State or country)	Where did injury occur? I swellville, mel.
Place Australia Date April 22,9 38 Nature of injury Cornel footbured Akull  19. UNDERTAKER Attlemant 22.4. Was disease or injury in any way related to occupation of deceased? No lf so, specify  20. FILED Land 19. 22, 19.35 fieldigan A. Lauri S. (Signed) Landing M. D.  Registrar. (Address) (12 main A. Salusburg, 19.4)		The state of the s	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
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1 20. FILED LAND. 22, 1935 frillian J. Lavie (Signed) La Radensher M. D.  Registrar. (Address) 112 main St. Salesburg, 1848	0	Hellower ld Co	
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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilcpsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	6	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	ITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	on should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	The second improved out of the second of the
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210.00
County Milomile	Registration Dist/No. 332
Village or City Prwellille Ind.	No. DN plate   Read St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
	en fr. Salifan Mid
(a) Residence: No. 322 Stacking for Society of.	St., 3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR ON RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Grand - 20 4 1935 (Year)
5a. If married, widowed, or diverced HUSBAND of	
(as) WHE of hirley dypen	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and years) why 22 - 1909	
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 12-15a-m.
25 18 28 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPANNER Cuttur at SAWYER, BOOKKEEPER, etc.	Company fractional shall 4/20/33
SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, as SILK MILL,	
SAW MILL DANK oto	
10. Dato deceased last worker at this occupation (month and / 9, / 93 spent in this occupation occupation)	
May fel to	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)  (State or country)	
7 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
13. NAME Mad dem W. Wysen  14. BIRTHPLACE (city or town) llaw Salishing	
14. BIRTHPLACE (city or town) and sample (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME James Others  16. BIRTHPLACE (city or town) P. 7 10. Fundand	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Accident Date of injury 4-20, 1935
(State or country)	Where did injury occur? / twellwell (Specify city or town, county and State)
17. INFORMANT (Address) 3 02. Washingland st. Sality)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury automobile double
Place Men Chin . Date 2229 3.	Nature of injury Company fractions skull -
19. UNDERTAKER Toff ofway t Cel	24. Was disease or injury in any way related to occupation of deceased?
(Address) Salushy Mile.	If so, specify
20. FILEDE 12. 1935 Jillian T. Registrar.	(Signed) Fathaland M.D.  (Address) 1/4 mm of 1 Chelohy, 144
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

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Example I	-11	Example II	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CATE OF DEATH STATE OF MARYLAND-20 state OCCUPA 1. PLACE OF DEA plnods County Registration Dist. No. item Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) S Length of residence in city or town where death occurred How long in U.S. if of foreign birth? statement PHYSICIAN 2. FULL NAME (a) Residence: (Usua blace of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH 4. COFOR OR RACE Month) (Year) assified 5a. If married, widowed, or divorced HUSBAND of (OT) WHE × A certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months If LESS than Days to have occurred on the date stated above. stated 1 day, \_\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or\_\_\_\_min. were as follows Date of onset 8. Trade, profession, or particular PATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, atc back may Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last work of at on 11. Total time (years) spent in this that occupation instructions (State or country) supplied FATHER 14. BIRTHPLACE (city or town) plain (State or country) should be carefully What test confirmed diagnosis?. Was There an autopsy?\_\_\_ MOTHER important. 15. MAIOEN NAME in 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_ (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE very OF Manner of Injury RITE AUSE mation LION Nature of injury 24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) \_\_\_\_\_\_193.5 Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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#### Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH If nonresident give city or town and State (Year) That I attended deceased from death is said

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST.	TATEMENTS I	BY PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEAT plnods Registration Dist. No. Village or City Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) S Length of residence in city or town where death occurred \*ds How long in U.S. if of foreign birth? yrs. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3, SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) 5a. It married, widnwed, or divorced HUSBAND of I HERE/BY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and years we I last saw h. death is said certificate 7. AGE If LESS than to have occurred on the date stated above, at .m. The PRINCIPAL CAUSE OF DEATH and retated causes of importance min. were as follows: Date of enset 8. Trade, profession, or particular kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc. 9. Industry or business in which may should work was done, as SILK MILL, SAW MILL, BANK, etc .. Chronic enterstitial naphretis - Centra 10 Date deceased last worked at 11. Total time (years) no this occupation (month spont in this Auration: not stated, occupation 60 instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation (State or country) efully What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_ important 23. If death was due to external causes (VIOL ENCE) fill in also the following TO 16, BIRTHPLACE (city or town) . Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury \_\_\_\_\_\_, 19\_ Where did Injury occur? ..... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. OF 18. BURIAL CREMATION, OR PEMOVAL Manner of injury SE mation Nature of injury 24. Was disease or injury in any way releted to occupation of deceased? 19. UNDERTAKER If so, specify (Signed) 20. FILEOURY welkegistrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

RESERVED

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ADDITIONAL	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TENTAL TATE OF TAXABLE	OR SYVES E		T CIVILIZIAN	PARTER STATE OF STATE	23 2	T THE PARTIES

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH County lle Pomela Registration Dist. No. plnods Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number, How long In U.S. if of foreign birth? ... yrs. ... mos. . . ds. \_\_\_vrs.\_\_\_\_mos. Length of residence In city or town where death occurred \_\_ (a) Residence: No. 90 If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) (Day ssified BINDING 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) If LESS than properl to have occurred on the date stated above. 7. AGE Months Days FOR I day. -- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ... min. were as follows Date of onset 8. Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. RESERVED Jo may back Industry or business in which should work was done, as SILK MILL SAW MILL, BANK, etc ... Date deceased last worked at 11. Total time (years) C Ö spant in this this occupation (month and that occupation instructions 12. BIRTHPLACE (city or town) ARGIN (State er country) FATHER 13. NAME See plain (State or country) What test confirmed diagnosis? carefully important. 15. MAIDEN NAME MOTHE 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_\_ 19\_\_\_\_\_ DEATH (State or country pe (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. plnods (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE natton Nature of injury MOIL 24. Was disease or injury in any way related to occupetion of deceased? 19 UNDERTAKER (Address If so, specify Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
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1. PLACE OF DEATH should County 118100m Registration Dist. No. item Ward JO (If death occurred in a hospital or institution, give its NAME instead of street and number) 20 statement SICIAN (a) Residence: No PHYS (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 5 OR DIVORCED (write the word) 193 (Month) (Day) (Year) classified. 5a. If married, widowed, or divorced BINDIN HUSBAND ot TIFY That I attended decaased from (or) WIFE of M E 6. DATE OF BIRTH (month, day, and year) rertificate. aleur properly If LESS than 7. AGE Months Days to have occurred on the date stated above, at FOR I day. The PRINCIPAL CAUSE OF DEATH and related causes of importance min. SI or\_ were as follows Date of onset & Trade, profession, or particular HIS kind of work done, as SPINNER. RESERVED be be 30 SAWYER, BOOKKEEPER, etc .... may should Industry or business in which work was dona, as SILK MILL SAW MILL, BANK, etc ... Ü 000 10. Date deceased last worked at UU 11. Total time (years) this occupation (month and spent in this Lake that year) 19 2 occupation instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) ARGIN (State or country) supplied FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis? Lucue al carefully Was there an autopsy?\_\_\_\_\_ œ important. 15. MAIDEN NAME MOTHE 23. If death was due to external causes (VIDLENCE) fitt in also the following . = DEATH 16. BIRTHPLACE (city or town (State or country Where did injury occur? be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT should Very OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE Co OR Date. mation Nature of injury NOIL 24. Was disease er injury in any way related to occupation of decaasad? 19. UNDERTAKER (Addrass If so, specity (Signed) 20. FILED. Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	r.	STATE OF MARYLAND—	CERTIFICATE OF DEATH	0117
	infor- state UPA-	1. PLACE OF, DEATH	rek. (Rb-a)	6363
	ould occu	County // loggy le,	Registration, Dist. No.	333
1	should of OCC	Village or City Salishy MA	No. St., death occurred in a hospital or institution give its NAME instead of street and to	3 Ward
		Length of residence in city or town where deeth occurred 23yrsmos		osds
	Every CIANS ement	2. FULL NAME Katie Jones	11-12	1
	SI SI	(a) Residence: No. 3 0 5 Bardla.  (Usuri place of abgde)	St., 5 Ward. Salustung M.  If nonresident give city or town and	State
	PHY xact st	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	TT B L Y.	3. SEX 4. COLOR OF RACE 5. SINGLE MARKED, WIDOWED, OR DESCRICE (write the word)	21. DATE OF DEATH  (Month) (Day)	, 193 (Year)
ING	ANENA CT I	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended	
BINDIN	X A Class	Marie Star. J. J.	3/2/1935,10,4/4/	19.33
BII	- ·		To last saw here afive on 4/4/ 1931	: death Is sal
R	A led	7. AGE Years Months Days If LESS then 1 dey,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
FO	IS A stated proper	ormin.	were as follows:	Date of enset
Q	IIS be be of c	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Schrie	3/29/30
RESERVED	1	A January or business in which		
BR		SAW MILL, BANK, etc.		
ESS	o t E	10. Date deceased last worked at this occupation shouth and 3 spent in this occupation occupation occupation		-
R	NG I AGE that	Phin enteres	Other Contributory Causes of importance:	2/2/21
Z	DI. J. so ucti	12. BIRTHPLACE (city or town) (State or country)	partined leag	19/2/00
RGIN	UNFADING upplied. AGI terms, so tha	13. NAME Janes J. Pointer		
IA	D = 4	14. BIRTHPLACE (city or town)	Name of operation afficient of the Contract Date of	
-	A air	(State of country)	What test confirmed diagnosis? Was there an e	utopsy? 20
	WIT efull in pl	15. MAIDEN NAME Caffe ela a- Nation	23. If death was due to external causes (VIOLENCE) fill In also the following	
	1	0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of Injury	, 19
	Id be can DEATH	(State or country)	Where did injury occur? (Specify city or town, county and State	e)
	ADDY	17. INFORMAN AND STATES AND COMPANY (Address) 315. Barely St. Jalent	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
	2 4 0	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Fell from sufer	
		Place / Misson leng / Date lyen - / 135	Nature of injury Prechange	
4	Mation CAUS	19. UNDERTAKER Halfogrant 6	24. Was disease or injury in any way related to occupation of deceased?	
4.	and a second	(Address) Saluty and	If so, specify	
S.	i G	20, FILED July 1,19/33 & May June	(Signed)	M. I
		Registrar.	(Address)	

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Gallstones	May 1,1923	Gastroenteritis	1 year

Patiens	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY PHYSICI	AN
			7			7

BANRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-partion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	liek . 46.2)
County//lemmes	Registration Dist. No. 1333
Village or City Saluty Ma	No. 40 98. 2000 St. 13 Ward
Length of residence in city or toyal where death occurred 3 7 yrs	death occurred in a hospital or institution, give its NAME instead of street and number)  ds How long in U.S. if of foreign birth?
2. FULL NAME Charlotte Ker	cey: 101 21
(a) Residence: No. 409. E. Pline	Syl 13 Ward. Saluty Md.
(Usual place of abode)	If nonresident give City or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE. S. SINGLE, MARRIED, WIO OWED, OR DITORCED (write the work)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND-of	
(or) WIFE of Slonge //. / Messey.	22. HEREBY CERTIFY. Inat I attended daceased from
6. DATE OF BIRTH (month, day and year) 901. 10-11867	I last saw har alive on 1953; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 4.2° m.
67 6 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade archaeign or postigular	Date of onset
SAWYER, BOOKKEEPER, etc.	
of Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc.	
10. Oate deceased but worked at this occupation mark and 13 11. Total time (years) spatial this year)	
Mea. 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or gauntry)	The order
~	
13. NAME Pratha vailings	
14. BIRT PLACE (city or town) Survey County (State or country)	Name of operation flatherman affecting Date of Career
	What test confirmed diagnosis? Was there an autopsy? 40.
15. MAIOEN NAME Malotte Callowy  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
9 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Attended to the	pecify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Oate	Nature of injury
19. UNDERTAKER HALL BOOM & C.	24. Was disease or injury in any way salated to occupation of deceased?
(Address) Salisting / Mayland.	If so, specify
20, FILED Phr 191936 & Nophy Turner	(Signed) Manual M. O.
Registrar.	(Address) Jacky and
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Palis!	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
to Just -	

3. 3

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6. 7. .

OCCUPATION

12.

MOTHER | FATHER

17.

18.

19.

2D.

STATE OF MA	RYLAND—CERTIF	ICATE OF	DEATH
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1. PLACE OF DEATH	(93-c)
County Microsit	Registration Dist. No. 33 C
Village Dr City All Village Dr City All Village Dr City or town where death occurred vrs.	ND. St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)  mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
100000000000000000000000000000000000000	. 10.
2. FULL NAME John Cottonar /Ca	llian
(a) Residence. No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	
. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO	
male white manual	
Married, widowed, or divorced HUSBAND of (or) WIFE of  Ona Manual Millian	22. I HEREBY CERTIFY. That I attended deceased from
. DATE OF BERTH (month, day, and year) Quy 7, 1867	I last saw h alive on
. AGE Years Months Days If LESS I day, or	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Theorie Myreashtes
Prindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
2. BIRTHPLACE (city or town) (State or country) manufactors	Other Cautributary Causes of importance:
13. NAME Ser Didli	
14. BIRTHPLACE (city or town)  (State or country)	Name ot operation
01 60 00	What test confirmed diagnosis? Was there an au'opsy? Was there an au'opsy?
15. MAIDEN NAME Hannaff & Joseph 16. BIRTHPLACE (city or town)	23. It death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
7. INFORMANT In M. William (Address)	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL sellma, see	Manner of injury  Nature of injury
9. UNDERTAKER Will S. Manel (Address) Lolma, Lie	24. Was disease or injury in any way related to occupation of deceased?
D. FILED # 12 , 1935 Harry Ethodop	(Signed) Q Q Q Call D M. D.  (Andress) Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q
If more blanks are needed, address State K	Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state item of inforof OCCUPA. Exact statement N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exactly innortant. See instructions on back of cartificate

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	wer 111
- County Nilomi Co	Registration Dist. No.
Village or City Salusting Md.	No. 1/8 Dave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 30 yrs	mos. ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME The W. Tecater	
1110 000	St. 5 Ward Salisting Md.
(a) Residence: No. 7/0: Walplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE OR DIVORCED (write the word	) upuf. / 4 193 5
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) aug. 19. 185	Contact saw harmanive on Alexand portion 19.25; death is said
7. AGE Years Months Days If LESS that	
38 7 / 8 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SANYER BOOKERS POR	fles to Carola Alla han tak
SAWTER, DOORNEETER, SEC.	0' 10 00 : 12' .
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	Crimory Course: Chanic onyocordities. Cur
10. Date deceased last yorked at /9.3 11. Total time (years) spent in this	ismotion: Mar standa
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	O(ing) Continuos y Causes of importance.
(State or country)	
14. BIRTHPLACE (city or town). Sulman	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Cleared Was there an autopsy?
15. MAIDEN NAME Sarah Carpter	23. If death was due to external causes (VIOL ENCE) fill In also the following:
O 16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANY Ma Sarah, Salusta, Mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Delay much Chale . Gfart, 7, 19	Nature of injury.
19. UNDERTAKER Holloway + Collinson (Address) Saluting mid	24. Was disease or injury in any way related to occupation of deceased?
1144 9 31 Or Vis 9	- 11. W. Mel
20. FILED J., 19 D. May um Registra	
If more blanks are needed, address State Regis	strar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

AWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. IARGIN RESERVED FOR BINDING

SIAIL C	OF MARYLAND	CERTIFICATE	OF DEA	IH U	X011
County Helomiles		109-01	Domintunting C	Not No.	232
7. 11.	Marila		Registration D		4
Village or City //	(1	f death occurred in a horpital or institu	ntion, give its NAME	instead of street and	() War
Length of residence In city or town where	1/	/	of foreign birth?		
2. FULL NAME / Censu	the weigh	. Ford	000	0-	/
(a) Residence: No. 514 C	hutal 194il	St., Ward, 124	lano	w //	d
(a) 11001001100	(Usual place of abode)	die	If nonresident g	ive city or town an	d State
PERSONAL AND STATIST	ICAL PARTICULARS		ERTIFICATE	OF DEATH	
SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIOOWED, OR DAVORCED (write the word)	21. DATE OF DEATH	aseril	304	-
Male // Jules	lingle.	***************************************	(Month)	(Day)	(Year)
a. If married, widowed, or divorced HUSBAND of		22.///   HEREBY	CERTIFO	That I attanded	
(or) WIFE of		"Um 75 YE	35	That I stranged	deceased
DATE OF BIRTH (month, day, and year)	ct. 2. 1932 -	I last saw h. Landaliva on .	2301	16	: death is s
AGE Yaars Months	Days If LESS than	to have occurred on the data state	ad above at 6/8	Pm	, ucatii is s
2 6	28 1 day, hrs.	The PRINCIPAL CAUSE OF DEA		s of importance	
8. Trada, profassion, or particular	ormin.	were as follows:			Date of on
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	mm	Honko	Tener.		145
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc					
SAW MILL, BANK, etc					
	11. Total tima (yaars) spant in this				
year)	occupation	Other Contributory Causes of Imp	ortance:		
BIRTHPLACE (city or town)	9	/p		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
(State or country)	S P D	- our	The		1/0
13. NAME The ducke	ford	DLO CORYZA	ſ		
14. BIRTHPLACE (city or town)	whole of	Name of operation		Oate of	
(State or country)	marganel	What test confirmed diagnosis?		Was there an	autopsy?
15. MAIOEN NAME Edith  16. BIRTHPLACE (city or town)  (State or country)	Carpy.	23. If death was due to external cal	usas (VIOLENCE) fill	in also the following	ig:
16. BIRTHPLACE (city or town)	July	Accident, suicide, or homicide?	D	ate of injury	, 19
(State or country)	Lawain	Where did injury occur?	(Specify city or t	own, county and Sta	ate)
INFORMANT ME dupte	Fred p 11	Specify whether injury occurred i	n INDUSTRY, in HON	IE, or in PUBLIC P	LACE.
(Address) 5 / 4 Cheartain	Holf are Dallo.	1114			
Disposition, OR REMOVAL B	May 2 25	Manner of injury		• • • • • • • • • • • • • • • • • • • •	
7/10	1997	Nature of injury	(A)		
9. UNDERTAKER / THOUSAND F	6./	24. Was disaase or injury in any y	way blatad to ccupat	tion of decaasad?	
(Address) Jaketry	ng	If so, specify	11	esti	
0. FILEO May , 19 3/3	. May Jumer	(Signad)	0.0	25/1	M
A V	Registrar.	(Address)	7/	- AU	

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Example 1		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

certificate.

TION is very important. See instructions on back of

# STATE OF MARYLAND—CERTIFICATE OF DEATH

	7			
68	101	2.1	753.	
- 27	All	0.3	10	
	-1	15.00		

1. PLACE OF DEATH	13)
County Threomico	Registration Dist. No. 333
Village or City Lalisbury	No. Clairmont St. 13 Ward
1	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred. Qyrs	.mosds. How long in U. S. If of foreign birth? yrsmosds.
2. FULL NAME Dessel V. Mrs	edday, g.
(a) Residence: No. Claumount	St., 3 Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED	
Whale White Married	
5a. If married, widowed, or divorced HUSBAND of	OK COLUMN TO THE TAX OF THE TAX O
(or) WIFE of May I. Maddox	I HEREBY CERTIFY, That I attended decessed from
	I last saw h Imalive on Core 5, 1935; death is said
5. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS tha	_
/ 41 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows: Oate of onset
SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done as SILK MILL  Work was done as SILK MILL  On the state of the sta	1 C. A. Mucaudih
Industry or business in which	
work was done, as SILK MILL, Stormerly Merchan	£.
SAW MILL, BANK, etc	A.
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Marchen	101 17 1014
(State or country)	- June Justahal Peplins-
13. NAME Augustus Maddoy	
14. BIRTHPLACE (city or town) Monokin.	Name of operation
(State of country)	What test confirmed diagnosis? Was there en eulopsy?
15. MAIDEN NAME & out Know	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Don't Mnow  16. BIRTHPLACE (city or town) Port Mnow	Accident, suicide, or homicide? Date of injury, 19,
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Kirgil Co Maddox	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Jalisbury Mag	
18. BURIAL, CREMATION, OR REMOVAL Place Tarrows Ceny, Date 4 7 19	Manner of injury
A A I I A A	Nature of injury
19. UNDERTAKER he Hell & Johnson O	24. Was disease or injury in any way related to occupation of deceased?
(Address) Salish fry md.	If so, specify
20. FILED Ju 1, 19 33 & May Sum Registrar	
If more blanks are needed, address State Regis	trar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			U.F.L.F.

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(93-C)
County // Connego	Registration Dist. No. 333
Village or City Salishy Maga	No. 50/. A Ward St., Ward f death occurred in a horpital or institution, give its NAME instead of street and humber)
/ /	s ds. How long in U. S. if of foreign birth? yrs mos ds.
2. FULL NAME Henry Wesley M	issich 111 01
(a) Residence: No 501, 7 Winsigh	St. 9 Ward. Saluting Mg.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OF RACE 5. SINGLE. MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINCEE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Month) (Day) (Year)
5a. If married, widowed, of divorced HUSBAND of	
(or) WIFE of Mary P. Missick	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, april year) Sent. 24, 1861	I last saw h landlive on offer 1, 19.33; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.3 oPm.
73, 7 2 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER Buckleyer SAWYER, BOOKKEEPER, etc.	chus injourndatio 1934
	· · · · · · · · · · · · · · · · · · ·
9. Industry or business in which work was done, as SILK MILL Call SAW MILL, BANK, etc.	
this admitted the should be should b	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or county)	
	<i>J</i>
E Quet Duc le.	
4. BIRTHPLACE (city or town) (State or country)	Name of operation
	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
State or country) Mad,	Where did injury occur?
17. INFORMANT Eugene M. Museck (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place / acom level a Date your . 281935	- Neture of Injury
19. UNDERTAKER Hollowy + 16.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Salving and	If so, specify  (Signed)  (Signed)  M. D.
20. FILED THE TIPE TO THE REgistrar.	(Address) Sullian D.
If more blanks are needed, address State Revistrar	2411 N. Charles Street, Balismore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: 1915 Attack of enilepsy 1 week ago Arteriosclerosis Chronic interstitial nephritis 1921 Run over by street car 1 week ago Julu5.1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: May 1.1923 Gastroenteritis Gallstones 1 year

FOR BINDING

MARGIN RESERVED

石

STATE OF M	ARYLAND—CERTIFICATE OF DEATH
LACE OF DEATH	210-m
County Wisamira	Registration Dist. No.

STATE O	F MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		210:00
County Wiramire		Registration Dist. No. 333
Village or City Salustury	and.	No. 1- Sto putal St., Ward death occurred in a hospital or institution give its NAME instead of street and number)
2. FULL NAME Parks  (a) Residence: No. Parks	oret mitch	ell St., Ward.
DEDCONAL AND CTATICTI	(Usual place of abode) (7-	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTI  3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Remal coloned	OR DIVORCED (write the word)	Month) (Day) (Year)
5a. II married, widowed, or divorced HUSBAND 01 (or) WIFE of	, , , , ,	22. I HEREBY CERTIFY, That I attended deceased Iron
6. DATE OF BIRTH (month, day, and year) Ju		I last say he alive on alive on 1935 death is sal
7. AGE Years Months	Days If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	it hame	and adelet
10: Date deceased last worked et this occupation (month end year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)  (State or country)	Carolines	Other Contributory Causes of importance:
13. NAME Cirley mi	telel.	
14. BIRTHPLACE (city or town) Par. (State or country)	sonling and	Name of operation Date of
	1 Cont	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  (Address)	Carlana Voggital	23. Il death was due to external causes (VIOLENCE) fill in also the lollowing:  Accident, suicide, or homicide? Carlor Date of Injury
18. BURIAL, CREMATION, OR REMOVAL	Date april 5 , 1935	Manner of injury Stouch by auto Nature of injury Stouch by auto
19. UNDERTAKER Chas at Par (Address) Snaw Will	nell	24. Was disease or injury in any way releted to occupation of deceased?
20. FILEBURY 4, 1935 WM	May Decrucer Registrar.	(Signed) N. O. Warles  (Address) Alsahun Ind.
If more	blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

BINDING

RESERVED

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example I	1	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURBALL V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE	OF	MARYLAND—CERTIFICATE OF	DEATH
DEATH			

- U			
08	C 1	10	
TO S	1000	UO	

1. PLACE OF DEATH	(39)
County Nicomico	Registration Dist. No. 337,
Village or City Claral	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)  osds. How long in U.S. If of foreign birth?yrsmosds.
	3
2. FULL NAME SUMMAN RALL	
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (perite the word)	21. DATE OF DEATH OF 102
Mi Coli Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. / I HEREBY CERTIFY, Thet Lattended deceased from
(or) WIFE of	- Ofene 6 1035 to april 6 19 3
6. DATE OF BIRTH (month, day, and year) Man 10 1915	I last saw h alive on
7. AGE Years Months Days I I LESS than	to have occurred on the date stated above, at
2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
2 Trade reference or activities	wero as tollows:     Map 11. f   Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER PROFESSIONER PROFESSION OF THE PROFESSION OF T	Deavers recluss 4.6.
work was done, as SILK MILL, SAW MILL, BANK, etc.	
(1) The Date deceased last worked at	
this occupation (month and Sept 34 spant in this year)	
Selilum II	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) - Alexander (State or country)	
13. NAME	
I Carried Carried	
4. BIRTHPLACE (city or town) Community (Stete or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide? Date of Injury, 19
≥ (Stete or country)	Where did injury occur?
17. INFORMANT Agus Rolf (Address) Cara mo	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Clara Col. Clara. Date 4/9 35, 19	Nature of injury
man old in tal 1.	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER TO TRANSPORTER	If so, specify
(1419 21-10 W 11 17) 11	(Signed) Ollen Cilla M. D.
20. FILED. (181., 193) Is Il wal ford I Paller	
Registrar.	(Address) Nonlinke mes

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11 .- The number of years the deceased followed the occupation.

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Example I	and the second	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	D. Every item of infor- SICIANS should state tatement of OCCUPA-	
9	RECOR PHY Exact s	
FOR BINDING	IS A PERMANENT Istated EXACTLY. properly classified. I	
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state AAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TON is very important. See instructions on back of certificate.	
	WRITE PLAINLY, WI ation should be careful AUSE OF DEATH in p ION is very important.	

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3- Marker 1
County // Come Co	Registration Dist No. 333
Village or City Sahihay MG	No. / St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	ds. How long in U. S. if of foreign birth?
2. FULL NAME Ashua a. A Helill	in 1. 1 mal
(a) Residence No. 1000 E. Church	St., 3 Ward. Dality 112.
(Usual place of abode)	If nonresident place city or town and State  MEDICAL CERTIFICADE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SMGLE, MARBATO, WIDOWED OF WEVER CHOICE (write the world)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) HIFE of Chilands Pollet	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 4. 1846	I last saw h allve on 2 (1, 194); death is said
7. AGE Years Month's Days If LESS than	to have occurred on the date stated above, at 1,45 acm.
88 9 17 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Protection of
9 Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month and ) parting this occupation (month and ) parting this occupation (month and )	
her dulithe	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	as the contract
1 01-11 1-12	
E men do la la	Nove of execution
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an au'opsy?
m mi	
E / Na	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town).  (State or country)	Where did injury occur?
Pa. Pellett	(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT (Address)/ Dry E. Church At. Salutons	Specify mether injury occurred in INDUSTRY, in HUME, OF IN PUBLIC PEACE.
18. BURIAL, CREMATION, OR REMOVAL TO 18. BURIAL,	Manner of injury
Mace we Hay Tarbate agent 2363:	Nature of injury
19. UNDERTAKER ATCh of C.	24. Was disease or injury In any way related to occupation of deceased?
(Address) Saluty Md.	If so, specify
20. FILED. 1 19 9 W May Sumer Registrar.	(Signed) (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state MARGIN RESERVED FOR BINDING

· 1	STATE	OF MARY	YLAND—	CERTIFICATE OF DEATH
d	1. PLACE OF DEATH			723
\$	County Wick W	will	•	Registration Dist. No. 30
ŏ\	Village or City Sale	medi	bell.	No. Yeu Deig 14 or selal ward
0		(		death occurred in a hospital or institution, give its NAME instead street and number)  ds. How long in U.S. if of foreign birth?
it \	Length of residence in city or town	where death occurred	J.yrsmos.	
еше	2. FULL NAME UN	Lagur &	o some	20en (13)
stat	(a) Residence: No.	devisual place	of abode) Wd	St., Ward If nonresident give city or town and State
act	PERSONAL AND STA	TISTICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
Ex	3. SEX 4. COLOR OR RAC	OR DIVORCED	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH \( \square \) \( \text{\text{Oay}} \) \( \text{\text{(Nonth)}} \) \( \text{(Par)} \)
ied	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
classifi	(or) WIFE of Chr 2	wine de	neally	22. I HEREBY CERTIFY, That I attended deceased from
	72	868 A. la	www	I last saw h. Saw alive on 2 ,19.35; death is said
properly certificate.	6. DATE OF BIRTH (month, day, and year  7. AGE Years Mon	,	If LESS than	to have occurred on the data stated above, at 9',15' m.
properly	107		I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
pro	8. Trade, profession, or particular	1	ormin.	were as follows: Oate of onset
be of	kind of work done, as SPINN SAWYER, BOOKKEEPER, etc	ER,		
may	Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.	200	arrier	
t it i	O 10. Date deceased last worked at	II. Total ti	ime (years) nt in this	
	this occupation (month and year)	Spar	ipation	Other Contributory Causes of importance:
erms, so tha instructions	12. BIRTHPLACE (city or town)	ed.		A Contributory Causes of Importance.
s, se	(State or country)			The control of the co
nst	E 13. NAME QUIS	line of	Day "	
4	H 14. BIRTHPLACE (city or town)	und.		Name of operation Oate of
60	(State or country)			What test confirmed diagnosis?
n p	置 15. MAIOEN NAME しぬ	eie W	wray	23. If death was due to external causes (VIOLENCE) fill in also the following:
TH in p	16. BIRTHPLACE (city or town)	De C	<u> </u>	Accident, suicide, or homicide?
AT	∑ (State or country)	0		Where did injury occur? (Specify city or town, county and State)
OF DEA	17. INFORMANT Sellen	miller.	Und	Specify whether injury occurred in INDUSIRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL CREMATION, OR REMOVAL	netern	1	Manner of injury
USE ON is	Place tellegicker	Del Date 1472	M. 4 , 1935	Naturo of injury
CAUS	19. UNDERTAKER AMAS MI	Vashed /	alson	24. Was disease or injury in any way related to occupation of deceased?
OH	(Address)	solle.	Del.	If so, specify
	20. FILEDERN 2 , 1934	1) Moust	unier/	(Signed) M. D.
	20, FILED. 13. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	1	Registrar.	(Address) fullally high
17		If more blanks are needed, a	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	and the state of t	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUIDERN V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should state

# STATE OF MARYLAND-CERTIFICATE OF DEATH

- 61	13.4	- 1
-11	N	100

1. PLACE OF DEATH			
County // women	v	Registrati	ion Dist. No. / 336
Village or City of Orland	- R X D 3	No	St.,Ward
Length of residence in city or town who		f death occurred in a hospital or institution, give its NA sds. How long in U.S. if of foreign birth?	
D- 0	2 / D / (= (D)	non long in o.o. it of foreign drifts;	
2. FULL NAME / Cucke	at adde Ver	me	
(a) Residence: No. della	(Usual place of abode)	St., Ward.	dent give city or town and State
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICA	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Male into	OR DIVORCED (write the word)	(Month)	(Oay) , 193.5 (Year)
56. If married, widowed, or divorced HUSBANO of			
(or) WIFE of Corn	Scennie	1 HEREBY CERTI	That lattended deceased from
6. DATE OF BIRTH (month, day, and year)	Feb. 8 1868	I last saw h alive on_ Shul	4 , 1975; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at /	0, P. m.
67   1	26   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related of were as follows:	causes of importance
8. Trede, profession, or particular kind of work done, as SPINNER,	9 -	Chronic Myor	ndilio
- IL SAWIER, BUUNNEEPER, BIC	- Thomas	-	
Q work was done as SHK MIII	Farm		
SAW MILL, BANK, etc	11. Total time (years)		
year)	spant in this occupation		
12. BIRTHPLACE (city or town) - Zee-	rossof	Other Contributory Canses of importance:	white !
(State or country)	M. Va	72.10-6:	
13. NAME William Ce	nnil	1 comments	>
14. BIRTHPLACE (city or town)	AA	Name of operation	Date of
(State of country)	Fland	What test confirmed diagnosis?	Wes there an au'opsy?
15. MAIDEN NAME	2 addie	23. If death was due to external causes (VIOL ENCE	i) fill in also the following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?	Date of injury, 19
(State or country)	Mand	Where did injury occur? (Specify city	y or town, county and State)
17. INFORMANT TOR Com (Address) Lock	R7103	Specify whether injury occurred in INDUSTRY, in	HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Quitt, Fa,	Manner of injury	
Place Crull, lin	Date 2, 1935	Nature of injury	
19. UNOERTAKER WILL	Maril	24. Was disease or injury In any way related to oc	croation of deceased?
(Address) Leilman,	Leil (	If so, specify	
10. FILEO4-5- 1935	Harrin & Hudson	(Signed) The Land	eleo p.M.D.
	Registrar.	(Address) Reh	mar Def

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	Į.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA.

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MARGIN RESERVED FOR BIL	_	S	=	ee	- 1
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	5	0		0	- 1
	15	0	4	J.	- 1
	5	P	国	Ë.	- 1
		P			- 1
	I	=	Ex.	4	
	-	P0	0	1	- 1
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PER	mation should be carefully supplied. AGE should be stated EN	CAUSE OF DEATH in plain terms, so that it may be properly c	TION is very important. See instructions on back of certificate.	
	H	п	J.C	-	
	3	9	5	Z	
	5	10	4	9	1
	jean	E	Ü	E	
-2		p-d		- maria	1

V. S. No. N. B.

STATE C	F MARYLAND-	CERTIFICATE OF DEATH	X638
1. PLACE OF DEATH	Dr. M	lann, (3)	0 4 4
County // Lorue Co	2 /	Registration Dist. Ny.	(3.3.3
Village or City Salushy	mq.	No. 1. S. Hagetal St.	Ward
Length of residence in city or town where d		death occurred in a hospital or institution, five its NAME instead of street and ds. How long in U.S. if of toreign birth? yrs m	
3 FILL NAME Bales	4 Ihomas	Edward Shows	
(a) Residence: No. 3 05 / /	Flinchth	St., 5 Ward.	
(a) Nosiderice. Ho. 9	(V sual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATIST	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male Hote	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day)	, 193 5 (Year)
5e. If merried, widowed, or divorced HUSBAND of		M	
(or) WIFE of	0	22. Chip / 1972 to P	deceased from
6. DATE OF BIRTH (month, day, and year)	seil. 14, 1935	I last saw h alive on Q Weston	: death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date steted ebove, at 2.302m.	
0 0	orhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or perticutar kind of work done, as SPINNER,	no.	Quil from -	Uate Di Dinaet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Tomero Cook	
Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc			
10. Dale deceased last worked et this occupation (month end year)	11. Total time (years) spent in this occupation		
P.L.	trassilos	Dther Contributory Causes of importance: Hyperlanes	
12. BIRTHPLACE (city or town) (State or country)	Ima.	mocken how	Maril 16.
13. NAME I Roman /E	dua I show	~	
13. NAME AND 14. BIRTHPLACE (city or town)	emer Just	Name of operation Date of	
(State of country)	anglange.	Whal test confirmed diagnosis? Wes there an	autopsy?
15. MAIDEN NAME	Matte Phys	death was due to external causes (VIOL ENCE) fill In elso the followin	g:
16. BIRTHPLACE (city or town)	Delynay //	Accident, suicide, or homicide? Date of Injury	, 19
(State or country)	Maryland.	Where did injury occur? (Specify city or town, county and Sta	ite)
17. INFORMANT Comments (Address) 305 Chacket	I is sality	Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, DR REMOVAS	anil 15 /2	Manner of Injury	
Place	Date	Nature of Injury	***************************************
19. UNDERTAKER (Address)	mel	24. Was disease or injury In any way related to occupation of deceased?  If so, specify	
20. FILED YN 15 19 35	J. Fray June	(Signed) Johnson & Marca	M. D.
	Registrar.	(Address) Salisbury Ind	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. A.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

of OCCUPA-

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OCCUPATION

MOTHER FATHER

STATE OF	MARYL	AND-CERTIF	ICATE	OF	DEATH
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STATE OF MARTLAND	CENTIFICATE OF DEATH
1. PLACE OF DEATH -	(23)
County Coremuco	Registration Dist. No. 333
Village or City Lalisbrus Mrs. H. Jas	algreen Eastern Thou trianged But
	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lallie 6. Leele	1110
(a) Residence: No. 417 Likyhman	St. 5 Ward Salutor Ma.
(Usua place of abode)	If nonyesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Temple White Condition	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Clones Seale	22.   HEREBY CERTIFY, That I attended deceased from
2 - 1824	61 10 3. 35
6. DATE OF BIRTH (month, day, and year) July 20, 1870	Tlast saw h alive on 1935; death Is said
7. AGE Years Moffths Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
6K 8 13 1 usy,mis.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Vulmman terhiculoris A.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SII K. MII I	flemmay concertses
work was done, as SILK MILL, SAW MILL, BANK, etc.	1733
11. Total time (years)	
this occupation (month and 983 spent in this occupation	
new Famel	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)	
13. NAME Edward Abrees	
	Hen a
14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of
r - 21	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Mary Reendy	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Relauvare	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Deceased	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address)  18. BURIAL, CREMATURN, OR REMOVAL	
Place of Excurse Unit agent. 49.33	Manner of injury
2401	Nature of Injury
19. UNDERTAKER ATTICLES TO SEE	24. Was disease or injury in any way related to occupation of deceased?
(Address) Sale I may have	If so, specify thanks the the
20, FILEDCIPEN 3, 1935 (V Mad Durings)	(Signed) M. 26 Malayan M. D.
Registrar.	(Address) Asten Sam Mans
If more blanks and readed address Come Parish	A COLL C P.L. P TIC N. A 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. Jaleitay.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RUPPAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

(Address)

of OCCUPA-

CTATE OF MADVI AND	CEDILEICATE OF DEATH
STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210-m
County Meconico	Registration Dist. No.
	No. Les Hem. Confinalst., B Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth? yrsmosds.
2. FULL NAME agree Winified to	ylor
(a) Residence: No. Aculma (Usualplace of abode)	St., 2002 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word)  4. Lit married, widowed, or divorced HUSBAND of	21. DATE OF DEATH  (Month)  (Day)  (Year)  22. LHEREBY CERTLEY That Lattended deceased from
(or) WtFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 10 21, 1914  7. AGE Years Months Days If LESS than 1 day,hrs.	t last saw h elive on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc  9. industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc  1D. Date deceased last worked at this occupation (month and year)  11. Total time (years) spant in this occupation	were es follows:  Moding accident & and built  winness less manglement  duct on my to therebulat &
12. BIRTHPLACE (city or town) Blaser Dasa (State or country)	Dither Cantributary Canses of importance:
13. NAME titleton Translin Taylor	
13. NAME that frample Taylor  14. BIRTHPLACE (city or town) Parkaly (State or country)	Neme of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or towns) Socion while City (State or country)  17. INFORMANT Settleton F January	23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?
(Address) Lulma, ugul 18. BURIAL, CREMATION, DR REMOVAL	Manner of injury moster assistant
Place Filgra Commanda Date # - 2 - 1935	Nature of injury Frenchend Arull, internal ingen

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balinnore, Requesting U. S. No. 1.

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU Y			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF M	ARYLAND-	CERTIFICA"	TE OF	DEATH
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1. PLACE OF DEATH	- P
County Wicomiso	Registration Dist. No.
Les la	' No. St. 2 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos.	ds. How long in U, S. if of foreign birth? yrs mos ds.
2. FULL NAME Charlston C. Jac	lov
(a) Residence: No. Mean Delman	Ast., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Abril 10 1935
Male White Married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.     HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Ester D. Mobile	2000 1934, to 1 19 10 1935
6. DATE OF BIRTH (month, day, and year) June 5, 187)	I last saw h sam alive on fig. f 0
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2: 45 Rm.
63 10 5 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER ROUKKEPPER etc.	fafifi
La contract the co	way tunggeling and
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	st. / tomblelye
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and 9-34 spant in this occupation 50	
12. BIRTHPLACE (city or town) Mardela Springs	Other Contributory Causes of importance:
(State or country) Maryland	+ asteria selection Vim
13. NAME Clinah Paylor	
13. NAME Clinah Maydor  14. BIRTHPLACE (city or town) Mardela Spring.	Name of operation Date of
(State of country) Mary land	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Martha Jane Jaylos	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Martha Jane Jaylor	Accident, suicide, or homicide?
E (State or country) Maryland.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Van Saylor	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Marylla of Street yell	
Place Farsons Cem. Date april 12 19 35	Manner of injury
7/ 1/1/ 1/20 1 12	Nature of injury
19. UNDERTAKER ALL GOTMONN CO	24. Was disease or injury in any way related to occupation of deceased?
(Mulless) Danstenay mall	If so, specify  (Signed)  (Signed)  M. D.
20. FILED M. 17, 19 00 8. Mary Jumes. Registrat.	(Signed) Address) Polynau Dat M. D.
Acgistrat.	" (MULICOS)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilcpsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	- WHITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	ER	国	y	te.
	Y	ted	perl	ifica
	IS	sta	pro	cert
	HIS	be	pe	Jo
	I	pln	nay	ack
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-	E	mation	CAUS	TION is very important. See instructions on back of certificate.
		-		

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	8200
County Diconnel	Registration Dist. No. 33/
Village or City / Kelson/ Md.	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Clast Jaylor	-21
(a) Residence: No. Helico Mai (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 7. 4. COLOR OR RACE OR DIVORCED (write the word)  N. M. W. W. O. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dely)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julius Taylor	22. I HEREBY CERTIFY. That I attended deceased from Chail 25 to Glail 28 4, 1935
6. DATE OF BIRTH (month, day, and year) Fash, 10, 1854	l last saw n. Alive on
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
3 /9 or min.	were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Ceretral Houvellage
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	arkeioeclessis.
10. Dato deceased last worked at this occupation (month and /930 spent in this occupation spent in the spent in this occupation spent in the spent in this occupation in the spent in the spent in the spent in the spent in this occupation in the spent	
12. BIRTHPLACE (city or town) Westerser Ind.	Other Contributory Causes of Importance:
(State or country)	
# 13. NAME Genjamin N. Jull	
13. NAME Senjamin 1. July 14. BIRTHPLACE (city or town) Inan / will md	Name of operation
(State of Country)	What test confirmed dlagnosis? Was there an autopsy?
15. MAIOEN NAME Martha / Slave	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIOEN NAME Martha Alarn  16. BIRTHPLACE (city or town) Sun Mill	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT ANALY SAMON	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place avantres (IM. Date 3/1/33, 19	Nature of injury.
19. UNDERTAKER MASS MESSICA HOUS	24. Was disease or injury in any way related to occupation of deceased?
(Address) Divalve Md.	If so, specify
20. FILED 30 ,1955 Mb m Walled Registrar.	(Signed) Wallacut & Millel M. D.  (Address) Helan - m).

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal eause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	S days ago
BURDAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1	Vo. 1	MARGIN RESERVED FOR BINDING	FOR BINDING
N. E	WRITE PL. LY, W	VITH UNFADING INK-THIS	N. B. WRITE PL. LY, WITH UNFADING INK-THIS IS A PERMANENT RD. Every item of infor-
1.	maticy should be caref	ully supplied. AGE should be	matter should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
7	CAUSE OF DEATH in	plain terms, so that it may be	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
1	TION is very importan	TION is very important. See instructions on back of certificate.	certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(210-97)
County Micorico	Registration Dist. No. 333
	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo:	sds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Frolit May Temp	letor
(a) Residence: No gran land them! (Usual place of abode)	If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Female white single	(Month) (Day) (Yoar)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	
6. DATE OF BIRTH (month, day, and year) 190 28 1917	t tast saw halive on
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, atm.
4 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:  Olaril sexual mutin user disent
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Paris III land Car
9. Industry or business in which	1.0000000000000000000000000000000000000
SAW MILL BANK etc	died made L
10 Date deceased lest worked at this occupation (month and spant in this	and the second second
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Dellaras (State or country)	
13. NAME Dro. Bempleton	
13. NAME Dro. Bempleton  14. BIRTHPLACE (city or town) 26 Blue	Name of operation
(State or country) Manchester & England	What test confirmed diagnosis? Was there an au'opsy? has
# 15. MAIDEN NAME (Cener J. Lebry	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) / Attack	Accident, suicide, or homicide? - Assached . Date of injury - 4/2- 19-33-
State or country) Ind.	Where did injury occur? Paraellielle, winners to Para Sound
17. INFORMANT Deo. Templeton	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Leilmate Del X O	Public High way
18. BURIAL, CREMATION, OR REMOVAL Leilman, Below	Manner of injury motor acknowled
Place M. P. am Date afril 23, 1933	Nature of injury Frenchised Shoull - Intimal will
19. UNDERTAKER Hill S. Manuel (Address) 10.1 mg.	24. Was disease or injury in any way releted to occupation of deceased?
io. FILED you 21, 1935 V. May Turner	(Signed) Solly whole, current M.D.
Registrar.	(Address) galanty manythmed
23 more vianks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	97	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	>.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenterilis	1 year

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

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STATE OF MARYLAND—  1. PLACE OF DEATH  County Like County  Village or City Substitute  Village or City Substitute  Openeth of residence in city or town where death occurred yers	Registration Dist. No. 333  No. 101 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH \( \square - \) \( \lambda - \) \( \lambda - \) \( \lambda \) \( \la
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from
1-1-1935	t last saw h alive on, 19; death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years   Months   Days   tf LESS than	to have occurred on the date stated above, at 2 2 . m.
7. AGE Years Months Days If LESS than 1 day.4hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, ekc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this occupation (month and year)	Other Coatributary Causes of importance:
13. NAME Settlem ( odd,	Name of operation Date of
14. BIRTHPLACE (city or town)	Neme of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME White Land ord,  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Orthur Sodd:  (Address) Prince as Orme and	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Locomohe Date Upril 2, 1933	Nature of injury
19. UNDERTAKER Dale Dashiell (Address) Princess Ginne Ind 20. FILED apr 2, 1933 & May humer	24. Was disease or tnjury in any way related to occupation of deceased? 24.  If so, specify  (Signed)  M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDI	TIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
Circl was un	affect around right shouldn't nech - thangelatet
Baby was whoi	los gfree, Weliand E winds hop dead t no pulsation in
chil-	Dea S
	Opposition of the same of the

STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEA item of should Registration Dist. (If death occurred in a hospital or institution, give its NAME instead of street and number) CO Langth of residence in city or town where death/occurredds. How long in U.S. if of foreign birth? mos. PHYSICIAN CORD. (a) Residence: No. (Usual place of abode If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) arried (Month) (Year) assified. 5a, If married, widewed, or divorced BINDIN HUGBAND of 22. HEREBY CERTIFY. That I attended decassed from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 70 death is sald [2] certificate If LESS than properl 7. AGE Months Days to have occurred on the date stated above, at. stated FOR 1 day, \_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance ...min were as follows Oate of enset 8. Trade, profession, or particular HIS NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ MARGIN RESERVED of may back 70 < Industry or business in which should work was done, as SILK MILL, at SAW MILL, BANK, etc. CC 10. Date deceased last worked at no 00 11. Total time (years) this occupation (month and spent in this that 10 upo occupation . instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or to plain S (State or country) efully What test confirmed diagnosis?. Was there an autopsy? HER ant. 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following car 0 Accident, suicida, or homicide? Data of injury import DEATH 16. BIRTHPLACE (city or town)  $\mathbf{z}$ Where did injury occur?\_\_\_ be (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. plnod very OF (Address) 18. BURIAL, CREMATION, OR REMOTAL Manner of Injury CAUSE mation TION Nature of injury 24. Was disease or injury In any way related to occupation of deceased? 19 UNOFRTAKER (Address) (Signed) 20. FILEO (Address) 1/2 many Registrar. If more blanks are weeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting JU. S. No. 1. laleabury 9

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 贸

-	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
	1. PLACE OF DEATH	200	
V	County Reamics:	Registration Dist. No.	
	Village or City Tillevelle, md'	NoSt.,	_Ward
1	Length of residence in city or town where death occurred 50 yrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?	ds.
	2. FULL NAME John Benjamin White.		
	(a) Residence: (No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Male  Male  Male  Market  Market	21. DATE OF DEATH (Month) 2-3 (You) (You	S Bar)
	5a. If married, widowed, or divorced HUSBAND of ACT WIFE of Mary 6. White.	1 HEREBY CERTIFY. That Lattended decease 1930, 1930, to Cefford 23, 19	d from
	6. DATE OF BIRTH (month, day, and year) 100 19 18-63	I lasy saw h alive on Accel 23., 1935; death	is said
	7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at. ) 2-230, , The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	ormin.		of onset
4	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		
4	Industry or husiness in which	Bee 2 To To	34
200		The succession of	N. T.
100	10. Date deceased last worked at this occupation (month and 934 11. Total time (years) spent in this occupation		
nerron	12. BIRTHPLACE (city or town) NOR Petterille	Other Coatributory Causes of importance:	
100	13. NAME John V. White.		
,	13. NAME Soles W. White 14. BIRTHPLACE (city obtown). Oillealls.	Name of operation	
2	(State of Country)	What test confirmed diagnosis? Was there an autopsy	?
porcante	15. MAIDEN NAME Jaura and Francy.  16. BIRTHPLACE (city or town)  (State or country)  The state of the state	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	9
	17. INFORMANT Harold B. Whate (Address) Huselle and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
C7 17	18, BURIAL, CREMATION, OR REMOVAL Place & race In Cemetery Date Open 250935	Manner of injury	
	19. UNDERTAKER Itm. Boward Wellste	24. Was disease or Injury in any way related to occupation of deceased?	
1	(Address) Celtairffe mde	If so, specify	
)	20. FILED Spr. 24, 1935 fillian J. Davis Registrar.	(Address) Salus pung Teng	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1 Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state Exact statement of OCCUPA-RD. Every item of infor-WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PL

N. B.-

STATE OF MARYLAND-CERTIFICATE OF DEATH

100	1	100	57	w
	Y	140	9.7	
	200	17.5	20	٣.

1. PLACE OF DEATH	210,711
County Micomiss	Registration Dist. No. 333
Village or City flas Salissfury Md.	No. St., Ward  If death occurred in a horpital or institution, give its NAME instead of street and number)  os. ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Crubyn Paggin Will (a) Residence: No. Chestenut St. Leulm	St., MA Ward.
(UsuM place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR D. VORCED (write the word)	21. DATE OF DEATH 20 , 1935 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) and year)	
7. AGE Years Months Deys If LESS than I day,hrs	to heve occurred on the dato stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	months are donet, fundelieble
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	- 1 milanty it
ID. Date deceased last worked at this occupation (month end year)	Dither Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Saltinger (State or country)	Other Contributory Causes of Importance:
II 13. NAME Garnest Willy	
13. NAME Carried Willy 14. BIRTHPLACE (city or town) Dresenshood	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME LONG LONG 16. BIRTHPLACE (city or town) Crespubly (State or country)	23. If death was due to external causes (VIDL ENCE) fill In elso the following:  Accident, suicide or hamicide? Consultant Date of injury
17. INFORMANT Carriet Willing (Address) Leitman	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Public Ingury
18. BURIAL, CREMATION, DR REMOVAL Constitutes, 925	Manner of injury Insulur algudent  Nature of injury Insulured about internal men
19. UNDERTAKER Will S. Manul (Address)	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Ups 2/ 19 33 V. May June	(Signed) S. 7 Ly while Comme M.O.
Registrar.	(Address) Sulasly may the

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Example I	144	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN